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FLORIDA DENTAL JOURNAL

THE OFFICIAL ORGAN OF THE FLORIDA STATE DENTAL SOCIETY

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The Blue Eagle In Dentistry

C. O. Flagstad, D. D. S.,
Minneapolis, Minn.

None of the professions are under the legal provisions of the N. R. A. The use of the term Blue Eagle is figurative and so intended.—Editor.

Mr. President, Fellow Members, and Friends:

A few years ago I listened with considerable interest to a business expert criticize the code of ethics of the medical and dental professions. The speaker said, "Your silly code is out of date and is hampering the progress of your profession. Your business needs modernization for other businesses have left it far behand. Modern business success is built upon expert salesmanship, intensive advertising, competitive ability, and service, while your code limits the profession to practically the last item—service. The peculiar thing about your profession is that the code has become so ingrained into your professional lives that it seems impossible to change your business methods or professional attitudes."

My friends, this talk was made in the days when business was extremely prosperous; the days when many a professional man looked with envy at his more financially successful business friend; the days when individualism held sway in business and the only limitations upon it were the limitations of the personnel; the days when nobody worried much about codes, but also the days when business and industry helped to lay the foundation for the present economic crisis.

But an era of suffering has come to the world. It is universal in its scope and seems destined to be epoch-making in its severity. Business, industry, professions, farmers, tradesmen, and laborers all alike are in distress. The business philsophy of a few years ago doesn't fit the needs of today. The government, in its eagerness to assist in the stabilization of conditions, has created the National Recovery Act. The N. R. A., symbolized by the Blue Eagle is hovering over business and industry hoping, by its control, to revive business and conquer our economic depression. The Blue Eagle stands for four definite principles.

1. **Loyalty.** Loyalty to the government and a willingness to abide by its mandates. Loyalty to the codes set up for the business or industry.

2. **Cooperation.** Fairness in competition, in fact a desire to replace competition with cooperation. There has been a loss of faith in the old slogan "Competition is the spice of life" because since business has stopped to analyze its past conduct it finds competition has frequently been the ruination of business. It is significant to note that this devastation type of competition usually succeeds through high pressure salesmanship, flagrant advertising, and cut-throat competition.

3. **Justice.** Justice to those who serve the business or industry; a living wage for the employee and a fair profit for the employer. Justice to the children with a destruction of child labor, giving all children an opportunity to proper development. Justice to those who patronize the business by the service rendered and the profit expected.

4. **The Brotherhood of Man.** A recognition of a proven fact "That man cannot live to himself alone." Individualism must be replaced with emphasis on the general social welfare. It has been clearly demonstrated that there is an inter-dependence of all business, industries, and labor. No one of these can succeed very long if the others are failing. A surrender of individual selfishness is necessary if permanent stability is to come.

Loyalty, cooperation, justice and the brotherhood of man, symbols of the Blue Eagle, are also the fundamental principles of our code of ethics. Our Code of Ethics is the "Blue Eagle" in dentistry, for no code ever designed has had more altruistic ideals behind it or has exercised greater control over the lives of those whom it governs; a code which has come down through many years and is more honorable and stable than any business code. A code which has the respect of those without the profession and is recognized by them as the strongest vehicle ever developed for the control of a social group. A code which is as fundamental in the governing of our profession as is the code given by Moses in the governing of society.

Loyalty to our profession and its ethical standards; cooperation in place of sharp competitive practices; justice to our fellow practitioners and those whom we serve; and recognition of a great responsibilty to mankind has always been the basis of our code.

These are trying days for the dental profession. Men are driven to desperation, for the securities they laid up for rainy days such as these, have lost their value and professional incomes are practically gone. There is a great urge to let down the bars of ethical standards and seek to recuperate incomes by other methods.

But just as the business expert misjudged the value of our code of ethics during prosperity, so will those who desert its standards during times of depression misjudge its value. The Blue Eagle of dentistry has been tried and tested through many years. It has successfully weathered prosperity, depressions, revolutions, pestilences, and every sort of crisis or disturbance to which man is heir. It is part of the glorious heritage handed down to succeeding generations in the medical professions, existing long before it was ever written. It is the only way to professional happiness. The blazoned ad of the advertising dentist who does not live under the wings of our Code of Ethics may seem to indicate success but an intimate story of the lives of these men reveals it never brings them professional satisfaction or contentment.

Somewhat contrary to my friend the "business expert", I rejoice that professional standards are so ingrained into our lives that dentistry has never been made a business in the ordinary conception of that term. I rejoice that the blue eagle of dentistry has such intangible power there aren't many who desire to practice outside its shelter. I rejoice that his-

tory has proven the worth of our code and set a standard for professional and social responsibilty which business could do well to emulate.

The N. R. A. has had an exceedingly stormy time trying to construct codes for business and industry. It almost seems as if the endeavor is doomed to failure, not because the principles of the blue eagle are wrong but because businesses can't get together. The reason is quite apparent—business has never had an effective controlling force. It is not my desire to discredit business or industry but simply to point out that the medical professions have a power in their lives that does not exist in business.

It is my hope today to arouse your pride in the blue eagle of dentistry to the end that you will strive to uphold its standards at all times and under all conditions. The depression has demonstrated that material things can easily lose their value but the value of intrinsic things cannot be destroyed. Ancient Hebrew philosophy says, "A good name is rather to be chosen than great riches." My friends, the greatest professional heritage we can give succeeding generations in dentistry is a "good name."

The N. R. A. encourages business and labor to organize because through such organizations the problems pertinent to the individuals they represent can best be solved. Dentists in the United States recognized this truism that in "unity there is strength" 100 years ago for at that time the first dental society was organized in the state of New York. Undoubtedly local societies existed prior to this time but there is no record of them.

The remainder of my paper shall be a plea for the cause of organized dentistry. It shall not be an attempt to sell organized dentistry by portrayal of its advantages but rather an attempt to awaken your consciences to a great professional responsibility. It has always been difficult for me to appreciate why it is necessary to codgel men into dental society membership; why we should find it necessary to bait our hooks to drag dentists into the organization; why we must continually stage drives to get members to keep their dues paid. It seems to me that membership in the dental association is simply a plain duty for every dentists who is worthy of being classified as a member of our profession.

I propose to support this statement by frank discussions under the following headings:

1. Organized dentistry has kept dentistry a profession.
2. Dental society membership is a professional obligation.
3. Dental society dues have a priority claim on our incomes.
4. The problems confronting dentistry today must be solved through united effort.

1. Organized dentistry has kept dentistry a profession. It is significant to note that shortly following the organization of dental societies there developed a dental publication; that shortly following the first national convention of dentists in 1840 there followed the founding of the first college of dentistry located in Baltimore. The year following this convention there was enacted in the state of Alabama the first state laws regulating the practice of dentistry. Whom do you think has elevated dentistry, kept the standards of dentistry, inspired the profession to higher ideals, been responsible for dentistry's progress, safeguarded the practice by state laws, kept the records of dentistry through publications, created its colleges? Do you think it was the quacks, or the public, or business, or politicians? No, the power for progress has always been organized dentistry. Our profession is a profession and not a trade or a business because of organized dentistry.

II. Membership in the dental association is a professional obligation. We are endowed upon the entrance into the practice of dentistry with a great professional heritage, a heritage which immediately brings us dignity, respect, and prestige. A heritage which presents to us skilled technics, wonderful scientific equipment, splendid instruments, and a grand tradition. All of these have been developed and preserved through organized dentistry. Therefore dentists surely have an obligation to discharge. It is our obligation to preserve the achievements of dentistry and to give succeeding generations a greater heritage than we received. Every dentist is a debtor to organized dentistry and the only way to discharge this responsibility is to join the association, stay active throughout our professional lives, and serve the organization whenever called upon to do so. He who does not discharge this obligation is likened unto a parasite living off fruit he refuses to help preserve.

III. Dental society dues have a priority claim upon our incomes. Dental society dues should have a preferential place in the payment of our bills. They should be considered just as much a part of our over-head expense as our rent or our equipment or our dispensable supplies. It should not be necessary for a dental society to continually send reminders and stage drives by the membership committee to secure the payment of dues. If I am able to transfer to you the vision I have of the place of organized den-

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tistry in the building and preserving of our professional life I know you will agree with me that a dentist should join the society as soon as he opens his office door to practice and remain a member until he quits practicing and he should pay his dues on time every time.

It is poor psychology in my opinion to pet beginners into membership in the dental society by giving them a year or two of free dues as is proposed in the new A. D. A. membership campaign. I appreciate the motive and my sympathy is certainly with the beginner but I claim the awakening of his conscience to his professional obligations at the very outset is worth more to him and our professional future than any charity we may bestow upon him. It would be more advisable for the beginner when he is borrowing money to purchase his equipment to also borrow the necessary eleven dollars for a membership in the dental society. Why not? The dental society is just as necessary to the practicing of his profession as any piece or all of the equipment he must purchase in order to practice.

These are days when we all must practice economy and eliminate many expenses in order to live within our decreasing incomes. It is peculiar that many dentists consider dental society dues as the first item to economize upon. It is my opinion dental society dues should be one of the very last items of expense that should be considered for elimination. A dentist should be reduced to the bare necessities of life and when he reaches this stage the society should have some means of paying his dues for him. Perhaps it will not be amiss to quote from an editorial I wrote in the October 1932 issue of the Minnesota State Dental Journal.

"Membership in the dental society should never be a debatable question in the minds of our profession for it is a clear cut duty to belong.

Everything our profession holds dear—the very status of a profession—our professional heritage—our professional ideals—our professional laws—our dental colleges and our professional ethics—are all the results of organized dentistry.

Even in these days of depression when expenses must be curtailed, justice demands that dental society dues have priority claim upon your income.

When—

Your fraternal club memberships have been cancelled.

Your automobile laid up.

Your golfing cut out,

Your hunting and fishing trips dropped,

Your luxuries eliminated,—

then, and only then would you be justified in considering nonpayment of dues."

IV. The problems confronting the profession today must be solved through united effort. Dr. Reyer, a dentist of Pennsylvania, who has written much on society membership says, "The time is at hand when every ethical dentists who does not belong to the society must join immediately or have the charge laid against him of wilfully breaking down the calling which he has selected as a lifetime vocation." Dentistry needs a guiding power in these days of changing socials aspects. If we do not supply an organization powerful enough and representative enough to make its

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voice felt in molding professional and public opinion, we will become the victims of social experimentation. There are those outside the profession who are extremely eager to fit dentistry into a new scheme for the distribution of health services. Surely none of our profession are still so sound asleep that they haven't been awakened to the rising tide toward socialized health service. The individual dentist can loudly shout his condemnation and rave about the injustice but it will be of no avail for his voice will never be heard in the place where social institutions are established.

Dentistry is today in danger of becoming a business. Dentists' incomes are down, the office overhead expense is burdensome, and the difficulties of collections wearies, so that many a dentist would gladly accept regular employment with a definite salary. There are those who would rejoice at the opportunity to organize dentistry as a business and employ dentists. If the state dental society should cease its careful vigil of the state law, if our membership should drop to where the society would be an impotent factor in dental politics, then the transition will easily come. Endow the business of dentistry with one iota of respect and the times are such that large numbers of dentists will seek employment in such institutions even though the salary be very low. If this happens the profession of dentistry is doomed.

Friends, thus you see dentistry needs today a stronger, more representative central association than ever before to champion its cause. We want the dental affairs of this country to be planned, executed, and guided by the profession. The only effective method of securing this recognition is by united effort through the A. D. A., an association which not only studies the problems of dentistry in their relationship to dentists but also in their relationship to society. An association which has the power, courage, financial means, and representation to be a mighty effective factor in the molding of public opinion and dental legislation.

But there is a danger confronting our dental societies and that is a gradual loss in membership. Our organization is just as effective as it is representative of the total number of practicing dentists. There are in the United States approximately 65,000 dentists, about 27,000 of which are members of the A. D. A. There are amongst the non-members at least 23,000 ethical men who would be eligible for membership. An organization with a membership of 50,000 would certainly be much more effective. Somebody needs to awaken the conscience of this large group to their duty in preserving our profession. Minnesota is one of the leading states in the percentage of possible membership. We have approximately 2100 practicing dentists and our membership is around 1200. At least 600 of the non-members are ethical practitioners and should be members of our society. Who is going to awaken them to realization of their professional duties?

I realize in speaking to this group I am lecturing to those who are in sympathy with dental society membership, otherwise you would not be present. However, the committee assigned this subject, (it is not of my own choosing) because they said a message on membership would be extremely timely. The Minneapolis District Dental Society is fortunate in having on the job in these difficult times one of the most energetic membership committees we have ever possessed and yet these powerful membership campaigners have found the going very rough. I solicit every member's aid to the committee's endeavors to maintain the membership of our society.

There are four definite ways in which we all can participate in building a dental society.

1. By loyalty to the organization. A loyalty which will give the fullest cooperation; a loyalty which will obey the authority of the organization; a loyalty which will defend the society and its officers against unjust criticisms.

2. By enthusiasm for the organization. Enthusiasm and interest are contagious; the more we display the more effective will it be in breaking down the resistance of non-members.

3. By proper professional conduct. An organization is frequently judged by the character of its members rather than the program it presents. Let our professional conduct be such that no non-member can point to it as an alibi for not joining.

4. By active solicitation. Maybe your non-member friend needs just your personality to awaken his conscience to a realization that it is his professional duty to become a member. Why not speak to him?

My friends, in closing I desire to pay tribute to our profession. It has been my privilege this fall to travel over much of the state to meetings with large groups of dentists and I have been amazed at the display of courage. In many of the country sections no cash money comes into the offices for days at a time and yet these men are courageously carrying on. The finest part of it all is that they do it uncomplainingly for their heart and soul is in sympathy with the community and the people whom they serve.

The "Blue Eagle" of dentistry has not reigned in vain for it has not only been a purifying agent in our professional lives but it has created MEN. Men who have a keen sense of community social responsibility; men who can bravely battle the storms of life and unflinchingly discharge their duty.—The Minneapolis District Dental Journal.

*Read before the Minneapolis District Dental Society, December 6, 1933.

FLORIDA STATE BOARD OF DENTAL EXAMINERS

The Florida State Board of Dental Examiners will hold the annual meeting in Jacksonville, June 25th to 30th, inclusive.

Forty dentists and three dental hygienists will take the examination, and make application for license to practice in Florida. The dental class is made up of fifteen 1934 graduates, and six 1933 graduates, the remainder consists of dentists who have been in practice for five to thirty-one years.

During the last few the years the candidates have been required to pass an examination in Radiography. The Board furnishes an X-ray machine, each applicant is required to make a full X-ray examination, and also to make X-ray diagnosis from films furnished by the Board.

R. P. Taylor, Sec'y-Treas.,

414 St. James Bldg., Jacksonville, Fla.

Pensacola, one of the most beautiful and hospitable cities on all the Gulf of Mexico, is making elaborate plans for the annual meeting this fall.

SPECIAL NOTICE TO EVERY MEMBER OF THE FLORIDA STATE DENTAL SOCIETY

The Program and Clinic Committee met in Jacksonville the early part of last month. The program for our coming meeting, at Pensacola, was gone into very thoroughly. All the districts had a representative there, except the West Coast, but I am sure that anything for the good of our State Society program that we can count on the West Coast District Society to do their part.

If this program of our State Society is a failure, next October it certainly will not be due to the like of the Northwest District Society and the boys of Pensacola, for as their representative for this meeting they sent Dr. W. G. McLeod and Dr. McLeod brought with him a very nice outline and very timely arranged setup for the program which they hope to put over and it met with very hearty approval from the men present at this meeting.

Looking back to last year at some of our mistakes we certainly are going to avoid these same mistakes this year. I am referring to our own State men not being given ample time and properly placed on our program and with this assurance to every one of our members if you will write Dr. C. C. Nobles, chairmen of the Clinic committee, the title of your clinic and the amount of time required I am sure that your wishes will be carried out, in October, in Pensacola.

In regard to our out-of state clinicians, several men from other states have been contacted and from every indication we will have some of the best talent on our program in the entire south.

Now, I wish to urge every member who has something new or old that his fellow practitioners may not know about to get in touch with Dr. Nobles at once so that the Clinic and Program Committee can make final and detailed arrangements of our program as soon as possible.

Also, if any member knows of an outstanding man from our neighboring states whom they would like to have on our program and would be a credit by his appearance please let me know at an early date.

Thanking you, I remain,

Andy

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Membership in your dental society permits eligibility to the A. D. A. Group Insurance Plan.

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Don't merely think it over—put it over.

The man who thinks he is hard boiled is usually only half baked.

All things come to him who waits, except the reputation of being a hustler.

There are no statues erected to those who thought it best to leave well enough alone.—Houston Dental Journal.

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JULY, 1934

Copied Articles

From time to time we will print articles which we believe to be of vital interest to every dentist in the state, although they may not be dental or even about dentistry. Many good articles are appearing in other state journals which we feel sure you would be glad to have reprinted in order to give you the apportunity ot reading them.

Dentistry as a Science

The dental profession was represented actively in the affairs of the American Association for the Advancement of Science this year for the second time. The joint sessions of the American College of Dentists on Friday with Section N (Medical Sciences) included also in the morning the American Pharmaceutical Association; this constituted the first joint meeting of national organizations representing dentistry and pharmacy. Various constructive influences of the American Dental Association's Council on Dental Therapeutics were indicated. The session presented practical suggestions for co-operation among dentists and pharmacists for scientific advancement in the professional work of each group, and for the protection of the public and the professions against the use of ineffective or worthless remedial agents. The afternoon and evening sessions, held jointly with Section N, were devoted to dental subjects in fields where responsibilities of medical practice and dental practice overlap, and where the scientific methods and objectives aer practically the same for both medicine and dentistry. The science of dentistry is being actively developed by an increasing number of investigators, many of whom, in the universities, are actively identified with the development of the medical sciences. The dental programs have reflected this scientific evolution. The dental sessions were notable also as offering a stimulus to increasing realization of the interdependence among the health-service professions. It is becoming increasingly obvious that, in the regions where the scientific interests of these professions overlap but have been relatively neglected, important developments await more active cooperation among the leading workers in each group, which such sessions as those in affiliation with Section N are promoting in the public interest and to the scientific advantage of all concerned. (From Science, 79:117, Feb. 2, 1934.)—The Contact Point.

Florida Men Aid Their Sister States' Programs

During the last month a number of Florida dentists have appeared on the programs, and given clinics at the annual meetings of our neighboring States' Dental Societies.

It is a fine thing to have men of this kind associated with our Society. They are the ones who can be depended on at any time to tackle any problem that comes up. They give freely of their information which they have gained by studying and working with ideas or simplifying their own labors and making dentistry a little better for their having been called a part of it.

The following men appeared at the Alabama annual meeting: Dr. C. J. Caraballo, Tampa; Dr. Gordon B. Tison, Gainesville; Dr. C. J. Masters, Jacksonville; Dr. Andy W. Sears, Jacksonville. At the Georgia State meeting were Dr. M. F. Wielage, Miami; Dr. Thos. W. Jones, Miami; Dr. E. H. Clarkson, Jacksonville. At the South Carolina State meeting Dr. Andy W. Sears gave a clinic.

The Society wishes these men well and congratulates them on being chosen to clinic before these State Societies.

Comedy or Tragedy?

A dentist in Ontario returned to his office recently to find that one of his denture patients had called and left the following note:

"Top plate does not stay in the way it did at first. Both plates too loose apparently, as they fall out when I laugh, blow, spit or cough. Have dropped out many times.

Don't seem to fit true at all, as I cannot bite with front of teeth, nor can I chew right, teeth seem too dull, won't cut food right, seems to just crush it.

Lower hurts when I bite on my pipe, left side, and when I bite on my pipe right side, hurts upper left and sometimes lifts out.

When chewing they seem to override and hurt.

In eating they will not stay in at all, unless sprinkled heavily with powder.

Teeth seem too short on inside, tongue not room enough and slips over teeth.

Cause me to make too much noise in eating.

When yawning the lower comes out.

The teeth would look better if they were longer and narrower, would they not?

I don't like the kind of teeth, as they apparently will break like chinaware when ever they are dropped.

I have done my best to get used to them but they are altogether unsatisfactory."—The Detroit Dental Bulletin, May 1934.

When a man says he can't he's right about it.

Do you dare to preach what you practice?

Anyone can catch a bouquet, but it takes a good man to stop a brick.

Look upon the Present as the Past of your Future.

So quitcherbelliakin.--Houston Dental Journal.

PENSACOLA GREETS YOU

It is just twenty-two years since we have had the privilege and honor of entertaining the members of the Florida State Dental Society, and now that we are to be so honored, we are honestly hopeful that your visit here may be pleasant, profitable, and instructive, and to that end, we are listing some of the outstanding attractions which may be of interest to you.

You will enjoy our beaches. Pensacola Beach, on Santa Rosa Island about eight miles from the city, is a beautiful beach of pure white sand maintaining also a modern casino with all necessary facilities. Paradise Beach is about twelve miles from the City on Perdido Bay, is a delightful quiet resort at which boating, bathing and fishing are always available. Also these are two bathing beaches with all conveniences located within the city limits.

The Naval Air Station is an outstanding Government operation. At the present time a personnel of about 1,200 is maintained in addition to about 7550 civilians who are employed there. All Naval Aviators are required to graduate from this training station and some 250 planes are kept in service at all times for this purpose. The Navy operates seven landing fields within a radius of about fifty miles, the largest of which is Corry Field about four miles directly west of the city.

A modern Army Post is maintained at Fort Barrancas which is on the same reservation with and adjoins the Naval Air Station. Normally, some 500 to 600 soldiers are stationed there and during the summer months, some 3,000 civilians are trained in the various camps. Fort Barrancas is also the headquarters for the CCC camps for a wide section of the southeast. One of the most beautiful views in this part of Florida is that of the mouth of the harbor from the western end of Fort Barrancas reservation.

Historically, Pensacola has much of interest. Old Forts San Carlos, Barranacs, and Redoubt are still standing in good condition. These forts date from the founding of present Pensacola, which was November 17. the present forts having been built at various intervals since that date. There are numerous points of interest inside the city, we will be glad to acquaint you with such data as is available regarding these places.

There are numerous beautiful

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drives throughout this county of which we recommend particularly the Scenic Highway, Florida No. 1, from Pensacola to Escambia Bay Bridge, twelve miles, and the drive to the Gulf Beach, seventeen miles.

Pensacola Beach has a long fishing pier extending into the Gulf and equipment is available at the casino. Paradise Beach also adjoins some excellent fishing grounds, and the fact is that fish are to be found at almost any place in the 150 square miles of water which constitutes Pensacola Bay, and in the seven fresh water streams in this territory. Two beautiful golf courses will be open to you.

The Chamber of Commerce instructs us to state that it will be very glad indeed to direct you to any other location in this vicinity which you feel might be of interest and extends the hope and belief you will enjoy your visit here.

Every possible effort is being put forth to arrange an outstanding program—a program of helpful instruction. COME ALL, WE WANT YOU.

Exemption of Dentists and Lawyers From Occupational Tax Approved

Baton Rouge, La., May 30—After amendment of one of the measures to exempt dentists and lawyers from the state occupational tax, three bills designed to strengthen regulations governing the dental profession in Louisiana were given favorable reports today by a unanimous vote of judiciary C committee of the House.

The bills are being sponsored by the Louisiana State Dental Society and a number of representatives of the organizations from various sections of the state were present when the measures were taken up by the committee.

The amendment exempting dentists and lawyers from the occupational tax was offered by Representative C. A. Morvant of Lafourche parish, and no opposition was offered to its adoption.

Another would increase the license renewal fee of dentists from $2 to $5 a year as a means of providing additional funds to finance regulatory action by the state board of dentistry. The proposal to exempt dentists from the occupational tax, embodied in the third bill, is predicated on the increase in the license renewal fee.—New Orleans Times-Picayune.

Discussion of Paper, "Mineral Supplementation In Relation to Dentistry", by Dr. Weilage, Miami

Presented by Dr. L. D. Pankey
Coral Gables

Mr. President and fellow members: I want to congratulate Dr. Wielage on his most excellent paper. It is typical of his efforts showing much thought and work in correlating data, together with his own work in regard to this subject.

For the past three years our study club in Dental Medicine has been under his leadership so it naturally follows that my ideas are in accord with his, however his work is of a specialized nature and mine of general practice. Therefore it is possible for him to go into detail with laboratory tests, blood chemistry, salivary Ph., etc., where it is not practical for the general practitioner.

Dr. Wielage has given us a clear picture of the methods of obtaining; and the formulas for expressing the calcium-phosphorous ration in the blood serum. I should like to take up some cases of interest that need the help of calcium therapy.

First, we will consider cases with a history of medium to serious systemic disturbances of any age, and along with these, place adults toward middle age, or beyond, with a lowered resistance, nervous temperament, etc. I think it is not only advisable, but very essential to get the mineral blood picture, salivary ph etc., as Dr. Wielage has suggested and be able to handle those cases more intelligently.

I have in mind a problem that we encounter most every day in a general practice namely, Periodontia. Since active periodontoclasia is associated with an active alkalosis it would be futile to try to correct calcium insufficiency, by ingesting more calcium, without first acidifying, in order to combine the carbonates and phosphates, which will make available more ionic calcium for deposition in the alveolas in particular, and bones in general. Suppose we could increase the ionic or free calcium to a limited extent, without doing this; but at the same time this patient may have some kidney lesion that would be aggravated by the excess calcium, phosphates and carbonates that have to be eliminated; then we have the problem of approaching softening of bones, osteomalacia around abutment teeth for bridges or on bite opening cases; unless we get a sufficient precipitation of these mineral salts our work is in vain. The same holds true with ridges under dentures, making it necessary to rebase or remake the cases time after time, due to progressive resorption of the ridge. Dr. Ford.

In connection with our everyday problem I would also like to mention the fact that some of our operative men in the field of crown and bridge work are trying to get different hardnesses in tooth substances so as to eliminate ultimate trauma.

How can this be done? It is not practical to change hard inlays to a softer material for a period of five years while some mother has three children in so many years with the likely temporary softness in teeth due to demineralization then probably regaining hardness later. I think it would be better for her physical and dental welfare, also that of the embronic child, to try to keep her calcium phosphate balance up to par. There are many other conditions analagous with this. Needless to say rampant caries ranks first in our everyday office problems. It occurs for the most part in growing children where the calcium requirement is two to three times the amount for the normal adult. In these cases the child is usually organically normal. I grant you it is better to have the laboratory findings and practice rational calcium therapy, but if these are unavailable or impossible for economic reasons the lesser of the two evils, I should think would be an increased calcium ingestion with vitamin D. This also holds true with normal adults until such a time that the medical and dental profession throughout the state are sufficiently interested in this subject to make a laboratory study available to the masses.

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WHAT FLORIDA DENTISTS ARE DOING

WEST COAST DISTRICT

The regular meeting of the Tampa Society of Dental Surgeons was held Monday night, June 18th, at the Tampa Municipal Hospital. A review of the Post-Graduate course held in Bradenton was given by Doctors Adams, Caraballo and Hart. A report of the examination of the school children of Tampa showed that the work had been completed and the men who took part were given a vote of appreciation.

At the closing business session of the West Coast District Dental Society the following were elected to office; President, Dr. C. J. Zimmerman, fort Myers; President elect, Dr. B. L. Gamble, St. Petersburg; First Vice President, Dr. L. N. Harlow, Bradenton; second Vice President, Dr. W. P. Wood Jr., Tampa; Secretary and treasurer, Dr. L. B. King, Bradenton; Delegate to State Executive Council, Dr. F. P. Meyer, St. Petersburg.

The following Tampa dentists were elected to the staff of the Tampa Municipal Hospital for the coming year: Doctors K. B. Alsobrook, Alfred Augustine, W. A. Bartlett, James Holdstock, C. L. Nance, Daniel Rachelson, J. Leon Swartz, A. M. Smith, Jr., and W. P. Wood, Jr.

A meeting of the executive committee of the West Coast District Dental Society was held in Bradenton, Thursday June 7th. Plans for the coming year were discussed and the following committee appointments were made:

Board of Censors: Dr. B. L. Gamble, chairman, St. Petersburg; Dr. Hugh Ford, Tarpon Springs; Dr. C. T. Brown, Tampa.

Program committee: Dr. F. P. Meyer, chairman, St. Petersburg; Dr. C. C. Stewart, St. Petersburg; Dr. T. P. Getzen, Lakeland; Dr. W. J. Ganey, Fort Myers.

Clinic committee: Dr. Paul Sanders, chairman, Sarasota; Dr. C. J. Williams, St. Petersburg; Dr. L. M. Schulstad, Palmetto; Dr. Wm. A. Buhner, St. Petersburg; Dr. R. M. Sheetz, Bradenton.

Membership committee: Dr. Wm. P. Wood Jr., chairman, Tampa; Dr. L. N. Harlow, Bradenton; Dr. J. L. Howze, Lake Wales; Dr. J. W. Kutrow, Lakeland; Dr. C. W. Martin, St. Petersburg; Dr. M. H. Fouts, Mulberry; Dr. Hugh Ford, Tarpon Springs.

Education, Public Relation and Oral Hygiene: Dr. F. L. Adams, chairman, Tampa.

Budget committee: Dr. F. M. York, chairman, St. Petersburg; Dr. R. D. Cummins, St. Petersburg; Dr. L. N. Harlow, Bradenton.

Necrology committee: Dr. W. A. Dean, chairman, Tampa; Dr. Ruben Moreno, Tampa; Dr. W. W. Slone, Dade City.

Arrangements: Dr. W. H. Bond, chairman, Sarasota; Dr. W. P. Wood, Jr., Tampa; Dr. Phoebe C. Midulla, Tampa.

Press: Dr. J. H. Shaw, chairman, St. Petersburg; Dr. T. P. Chaires, Jr., Bradenton; Dr. Wm. L. Northern, Sarasota; Dr. C. C. Evans, Tampa.

Relief committee: Dr. C. J. Caraballo, chairman, Tampa; Dr. A. M. Smith, Tampa; Dr. C. B. Weeks, Lakeland.

L. M. Anderson of the Anderson Dental Supply Company is in Hot Springs, Virginia, attending the National Dental Dealers convention.

Another Tampa dentist has quit hanging around on street corners and now gets home at a decent hour. Doctor Fred Lebos was married to Miss Florence Argintas of Tampa, June 3rd, and is residing at 2309 Nebraska Avenue. Congratulations Fred.

Doctor James Holdstock of Tampa is recuperating from a recent operation.

Doctor C. J. Zimmerman leaves shortly for a two weeks vacation in the east.

NORTHWEST DISTRICT

The Northwest District summer meeting was held in Panama City May 14th and 15th. Though attended by a rather small crowd, it was one of the best held in the District.

The meeting was presided over by President R. A. Brown of Pensacola. After a short business session, the meeting was turned over to Dr. Lawrence Evans of Tallahassee, chairman of the Post Graduate committee. Dr. Evans introduced Dr. Victor Sears of New York and Mr. Zantol of Chicago who together conducted the Post Graduate course. Dr. Sears' Clinic included all full denture construction while Mr. Zantol talked on impression taking and partial dentures. Both these men imparted valuable information to all who took the course.

The following officers were elected for the ensuing year:

Dr. Lawrence Evans, president; Dr. Robt. Love, president-elect; Dr. W. R. McCollum, first vice-president; Dr. R. L. McLendon, second vice-president; Dr. B. V. Dannheisser, secretary and treasurer; Dr. A. F. Douglas, member of Executive Council.

An invitation was extended by Dr. J. Y. Folsom of Marianna on behalf of the Marianna dentists to the society to meet in Marianna at their next meeting the first part of next year. The invitation was accepted by the Society with thanks.

The following men attended the meeting:

Drs. W. G. McLeod, A. R. Brown

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Pensacola; B. J. Brown, De Funiak Springs; J. Y. Folsom, Marianna; Neal Williams, Graceville; G. A. Fellows, L. T. Fields, R. F. Wells, Panama City; Lawrence Evans, W. R. McCollum, W. E. Van Brunt, Tallahassee; Robt. Love, A. F. Douglas, Chattahoochee.

The district was honored in having Mrs. Sears accompany Dr. Sears to Panama City and we hope they both will come back again soon.

A banquet at the Dixie Sherman Hotel brought this meeting to a close.

Mr. and Mrs. Carlton E. Brigman have announced the engagement of their daughter, Beulah Gwendolyn, to Dr. Edward Cecil Rogers of Pensacola. The wedding will take place June 15th.

EAST COAST DISTRICT

Approximately 100 members of the East Coast Dental society installed Dr. Jay Stewart of West Palm Beach as president at the final session of the society convention which began Tuesday at Miami Beach and closed yesterday. Members named Dr. R. H. Gillespie president-elect.

Other officers of the dental organization, which includes members from Vero Beach to Key West, are: Dr. E. B. Penn, vice president; Dr. B. M. Pell, secretary and treasurer; Dr. T. C. Henslee, librarian and Dr. J. Murray Cox, delegate to the state convention to be held in Pensacola in October.

At the final day's session partial impression technic and accurate reproduction of casts were demonstrated in a clinic by A. M. Zental of Chicago. A demonstration of full denture construction with special emphasis on jaw relations and tooth arrangement was given by Dr. Victor H. Sears of New York.

At the opening of the convention at the Pancoast hotel Tuesday Dr. Elisha A. King, pastor of the Miami Beach Community church, gave the invocation. Dr. Penn, the retiring president, presided.

During the sessions demonstrations of dental technic were given in clinics by Dr. Cox, R. H. Gillespie, Dr. A. W. Kellner, Dr. Ruth Tichenor, Dr. Frank Coret, Dr. Herman W. Cook, Dr. Harold F. Klock, Dr. E. C. Lunsford, and Dr. L. H. Finn.

Talks were given by the following dentists: Dr. Charles F. Chandler, "X-ray Interpretation"; Dr. W. J. Fitzpatrick, "Orthodontia"; Dr. Klock, "Peridontia"; Dr. H. L. Cartee, "Focal Infection"; Dr. S. G. Alderman, "Inlay Technic"; Dr. I. W. Shields, "Partial Dentures"; Dr. W. G. Sanchez, "Full Dentures"; Dr. Roy Ellsworth, "X-ray Interpretation"; Dr. W. W. Mitchell, "Fixed Bridge Work"; and Dr. J. C. Henslee, "Balanced Occlusion."

Dr. D. E. Sheehan left for the summer and will be in Cleveland, Ohio and surrounding resorts this summer.

Dr. T. W. Jones and Dr. M. F. Wielage have returned to Miami after attending the Georgia State Dental Society where each gave a clinic and paper before the Society. They report a good meeting well attended.

Our good friend Dr. George Shields and family have left for the mountains of Tennessee where he hopes to recuperate and when he returns this fall to resume active practice.

Dr. W. J. Fitzpatrick and Dr. H. W. Cook will attend the Southern Society of Orthodontist's meeting at Hot Springs, Virginia on July 16th, 17th, and 18th. They will drive up spending some time in Atlanta, Ga. and Asheville, N. C.

At the regular monthly meeting of the Miami Dental Society on June 11th held in the Professional Club rooms of the Huntington Bldg. a good attendance was had and the papers and clinics enjoyed by all. Dr. H. R. Bothwell gave a paper on "Fundamentals of General Practice" which was discussed by Dr. E. B. Penn. A clinic was given by Dr. J. N. Ousley on "Inlay Bridge Attachments". Afterwards a business session was held and the following officers were elected:

President, Dr. B. L. Wilkerson.

President-elect, Dr. Eugene V. Denault.

First vice president, Dr. H. R. Bothwell.

Secretary and treasurer, Dr. J. Murray Cox.

Board of governors for three years, Dr. N. S. Cox.

Librarian, Dr. Ruth Tichenor.

There were two new members elected, Dr. Aurelio Perez and Dr. H. R. Turner.

Through the efforts of our ex-president, Dr. W. G. Sanchez the Dade County School Board will establish a dental clinic for needy school children. They have allowed $7500.00 for the establishment and maintenance of the Clinic for one year. All are willing to co-operate and a full time dentist will be on duty.

CLINIC COMMITTEE

Dear Fellow Practitioners:

We are depending on your interest, your attitude and your cooperation to make the 1934 Dental Convention a huge success.

As chairman of the Clinic Committee I am appealing to those of you who have some new methods or helpful short cuts that you could present in a Clinic, to respond and apply to us for time and a place on the program. You may send your application directly to me or to the member of the Clinic Committee resident in your district.

We are giving preference to Clinicians from this State. We have been given ample time and a favorable place on the program so now it's up to you. The program committee has requested our report on the number of Clinicians from our State July 15th so please let us know immediately if you have something valuable to offer.

Fraternally
C. C. Nobles, Chairman

The next state meeting—Pensacola.

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WORTH READING

Dental literature has been unusually full of fine articles during the past month. The writer had the good fortune of hearing a number of these papers read at the A. D. A. meeting at Chicago last summer, therefore he can unhesitatingly recommend them to you for your enjoyment.

An Interesting Case History of Agranulocytosis, by Herbert E. Davis, D. M. D. The Dental Cosmos, June 1934.

Oral Examination and Diagnosis, by Lewis Fox, D. D. S. The Dental Cosmos, June 1934.

Radiodontia, by Dr. Joseph A. Pollia, Los Angeles, Calif. Dental Items of Interest, June 1934.

Treatment of Fractures of the Maxilla, Mandible, and other bones of the Face, by Paul J. Aufderheide, D. D. S. A. D. A. Journal for June, 1934.

Surgical Treatment of Trigeminal Neuralgia, by Loyal Davis, M. D. The A. D. A. Journal for June 1934.

Impressions for Dentures, by Russel Wilford Tench, D. D. S. The A. D. A. Journal for June 1934.

The Importance of Focal Infection in General Health or the Realtionship of the Teeth to Health by Charles A. Elliott, M. D. The A. D. A. Journal for June 1934.

So-Called Dry Socket, by Glenn J. Pell, D. D. S., F. A. C. D. The A. D. A. Journal for June 1934.

Ethyl Chrloride Anesthesia for Children, by Scott Morrison, D. D. S. The Dental Digets, May 1934.

Traumatic Occlusion: Its Detection and Correction, by Sidney Sorrin, D. D. S. The Dental Digest, May 1934.

"Metallurgy and Orthodontia" by Bradel in June A. D. A. Journal.

"Adult Orthodontia" by Stein.

"Foci as a contributing Factor of Faridental Pathosis" by Benj Tishes.

"A New Theory in the Mechanics of Tooth Support" in Dental Cosmos.

PUBLISHED ARTICLES OF VICTOR H. SEARS, D. D. S.

Professor of Prosthetic Dentistry, New York University College of Dentistry. Compiled for the Class of 1931

1—"Suggestions for Accurate Preparation for Plate Work"—The Dental Digest, Dec. 1918, Jan. 1919, Feb. 1919.

2—"Mouth Open or Closed Taking Impressions"—Dental Facts, July 1919.

3—"Post-Dam or Post-Mortem?"—Dental Digest, Feb. 1920.

4—"The Buccal and Labial Margin of the Upper Plate"—Dental Facts, April, 1920.

5—"Need and Means of Educating Laboratory Assistants"—Journal of National Dental Association, Jan. 1921.

6—"Your Full Denture Cases"—Private Printing, 1920.

7—"Artificial Dentures"—Private Printing, 1920.

8—"An Improved Method of Flasking"—The Dental Digest, Jan. 1921.

9—"Immediate Denture Restorations"—Journal of the A. D. A., July 1923.

10—"The Art Side of Denture Construction"—The Dental Digest, Nov. 1923.

11—"History and Technic of Occlusion"—Los Angeles Co. Dental Society Bulletin, April 1925.

12—The Pacific Dental Gazette, 1925.

13—"Balanced Occlusions"—The A. D. A. Journal, Dec. 1925.

14—"Altering the Form of Vulcanite"—Journal Amer. Dental Laboratory Assn., Aug. 1926.

15—"Diet for Denture Patients"—Journal of the A. D. A., Sept. 1926.

16—"Requirements of Articulators in Dentistry—Dental Items, Sept. 1926.

17—"Jaw Relations and a Means of Recording the Most Important Articulator Adjustments"—Dental Cosmos, Nov. 1926.

18—"Indications for and Limitations of Alveolectomy with an Original Means of Control"—Dental Cosmos, Dec., 1926.

19—"Your Third Set of Teeth"—Hygeia, March 1927.

20—"The College as a Training Ground"—Dental Students' Magazine, May 1927.

21—"Status of Full Denture Construction in America"—Proceedings of the 6th Aus. Dental Congress, Sidney, Australia, Aug. 1927, Oct. 1927.

22—"Articulator Adjustments and Tooth Arrangement"—The Laboratory Technician, Oct. 1927.

23—"A New Material (Resin) and a New Method of Denture Construction"—The Dental Outlook, April 1928.

24—"Suggestions for Arranging Channel Posteriors"—The Laboratory Technician, May 1928.

25—"Channel Type Posterior Tooth Forms"—The A. D. A. Journal, June 1928.

*26—"Some Fundamental Factors in Tooth Articulation"—Journal of Dental Research, June 1928.

27—"Suggestions for Grinding Channel Posteriors"—The Laboratory Technician, June 1928.

28—"Information for Denture Patients"—The Dental Digest, Sept. 1928.

29—"Der gegenwartige Stand der Herstellung von kunstlichen Gebissen in Amerika"—Zeitschrift fur Stomatologie, Vienna, Austria, Oct., 1928.

30—"Full Denture Construction in America Today"—Den Norske Tandlaegeforeninhs Tidende Oslo, Norway, Oct. 1928.

31—"Factors Insuring Full Denture Stability"—Bulletin, Florida State Dental society, April 1929.

32—"Some Fundamentals of Full Denture Construction"—Proceedings Penn. State Society for 1928.

33—"Arranging Teeth on Full Dentures"—Proceedings of the 5th Annual Meeting of the Amer. Assn. of Dental Schools, 1929.

34—"How to Use Channel Posteriors for 'Plain-Line Denture Work'"—The Laboratory Technician, March, 1929.

35—"FULL DENTURE PROCEDURE"—MacMillan & Company, New York City (Text book), 1929.

36—"Problems of Occlusion in Partial Denture Construction"—A. D. A. Journal, March 1930.

37—"Anatomical Posteriors Unsuitable"—The Laboratory Technician, May 1930.

38—"Report by the National Society of Denture Prosthetists"—A. D. A. Journal, June 1930.

39—"The Laboratory Management of Non-Anatomical Posterior Teeth"—The Laboratory Technician, Sept. 1930.

40—"What is the Future Status of Non-Anatomic Posterior Tooth Forms in Full Denture Prosthesis?"—A. D. A. Journal, April 1931.

*Awarded the Morris L. Chaim Prize for 1927.

The figure preceding the name of the article is the reference number.

A. D. A. CONVENTION

An answer to the call of President Wherry of the American Dental Asand to greater heights" will be answered at the organization's annual

convention in St. Paul, Minnesota, August 6-10, 1934.

A group of more than 200 dentists has been mobilized to prepared the way for the convention. They have determined to make it one that will reach higher scientific and professional standards than the ones in the past.

In addition to the scientific progress and consideration of important professional questions, dentists will find at the St. Paul meeting summer vacation facilities that will be unsurpassed in the country.

New conditions are arising nationally both within and outside the dental profession. As a result, new problems face dentists. No one dentist or small group of dentists can solve these problems alone. They must be considered jointly by the best minds of the profession with the sound advice that comes from experience.

To gain this advice and experience, there must be present at the convention the largest possible number of members of the profession. St. Paul and the committee at work on the convention plans will provide all inducements to obtain this kind of an attendance.

Nine sub-committees of the St. Paul group are now at work with the national officers, and section chairmen, to perfect an integrated scientific program. The latest results of research and technical developments are to be presented in addresses and clinics. Other phases of work and problems will be conidered in general and sectional sessions, a well as by affiliated professional groups.

The St. Paul auditorium where the meeting will take place will provide amply for housing of all the convention sessions. Its half dozen meeting halls, which may be occupied by separate groups simultaneously, have capacities from 600 to 13,000 persons. Its exhibit space is more than 101,000 square feet. Smaller meeting rooms are ready for section and committee groups. It is new, is in the heart of the loop district, and within five blocks of 1,600 first class hotel rooms.

St. Paul itself provided unlimited recreational and vacation facilities. But the state of Minnesota with its 10,000 lakes, provides infinitely more.

Golfing, fishing, canoeing, sailing, hiking, motoring, trap-shooting, dancing, drinking and loafing—, all can be done here.

Fish abound in the 10,000 lakes and streams and rivers. From tiny perch to gamey pike, wily pickerel and fighting muskellunge, they await the dentists' skill and bait.

Around St. Paul are the courses on which the stars of amateur and professional golf have competed within the past seven years in every important national gold tournament save the Women's National championship. The National Open, National Amateur, National Public Links, Professional Golfers Association, Trans-Mississippi, and three national money open, have brought the "big game" golfers to fight, bleed and die on these courses. The dentists who visit the convention can compare their game, stroke for stroke and hole for hole with the stars of golfdom.

The city and state are easy to reach. East of a line which would equally divide the United States, St. Paul is accessible from all states by rail, bus, motor and air. It is ten hours from Chicago by train and three by air. It is closer to Chicago than Omaha or Kansas City.

With these advantages the St. Paul committee feels no difficulty in responding to Dr. Wherry's call. He said: "No group can stand still in this constantly changing world. It is a case of going either forward or backward. Dentistry must go forward and will go forward if the individual dentist will support the organized effort for its advancement."

So—plan your vacation to include a scientific meeting.

PROFESSIONAL LIABILITY INSURANCE

Editors note: By request the following article was written by the Metropolitan agent, who was present at the May 13th Executive Council meeting. We believe that it expresses well the sentiments of the members of the Executive Council in regard to professional liability insurance.

The problem of a plan of Malpractice Liability coverage is one that has given numerous of our members considerable thought. Your Society is pleased to announce that your Executive Council has approved the plan of the Metropolitan Casualty Insurance Company and the Commercial Casualty Insurance Company on Malpractice Liability as submitted by them, which we believe to be the finest plan of its kind obtainable and know that through the full cooperation of our members it will work decidedly to the advantage of each member, both from a low premium standpoint and also in the reduction of the number of malpractice claims arising. The action of your Executive Council in adopting this plan was taken at the meeting of your Council on May 13th, at which time they received the recommendation of the Insurance Committee of our Society, which had been appointed at our October 1933 General Assembly, to investigate the various plans of coverage offered.

It is the purpose of the Metropolitan Casualty Insurance Company and the Commercial Casualty Insurance Company to institute an educational program with the cooperation of the Society. If you are a policyholder of either of these Companies, you will periodically receive literature, which is compiled by the Statistical Department of these Companies, warning you and endeavoring to educate you against the various malpractice situations that are constantly arising. You can appreciate that this is an indispensable service, due to the fact that this literature will take into consideration the experience of our insurance carrier and other companies throughout the United States as a whole. It is our insuring Compa-

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nies opinion that many malpractice claims or suits could be averted had the dentists involved been aware of these unusual situations.

It is not the purpose of your Society to endeavor to make this plan mandatory, however, it is the desire of our Executive Council that you purchase your malpractice coverage in either the Metropolitan Casualty Insurance Company or the Commercial Casualty Insurance Company for the greatest degree of satisfaction in the operation of this plan will be obtained only by a high percentage of participation on the part of the individual members.

This is not a group plan, since no master policy will be issued, but on the contrary, you will receive your individual policy on application, over which you will exercise full control.

It is your Insurance Committee's report that the premiums offered by the Metropolitan Casualty Insurance Company and the Commercial Casualty Insurance Company are lower for this coverage than you can obtain from any other company, so you will find it economical to subscribe to this plan as well as beneficial to the Society as a whole.

We earnestly endorse the plan as submitted to us and trust that our members will cooperate one hundred per cent.

Recommendations from the Insurance Committee were presented to The State Officers Conference and the Executive Committee at Ocala, regarding the placing of our members Liability Insurance.

Both of the above meetings passed the recommendations of the committee, which consider the Metropolitan Casualty and the Commercial Casualty Co., of New York, as being their choice, and that they should have the endorsement of the State Society.

The Massachusetts Dental Society have been using these two companies in a similar way during the past three years with much satisfaction.

Insurance Committee

PAINLESS DENTISTRY KNOWN TO MEXICAN INDIANS

Painless dentistry was practiced by Zapotec Indians in Mexico 1,000 years ago by the use of a natural anesthetic, a wild mushroom, which produced a "jag" that lasted for days. This fact was brought to light in a recent interview with Professor Marshall H. Saville, archaeologist of Columbia University, at the American Museum of Natural History.

As evidence, Doctor Savile displayed a number of ancient teeth dug up by him more than thirty years ago in Zapotec tombs near the city of Oaxaca, in Mexico. The teeth were beautifully inlaid with hematite and other metals, the workmanship so perfect that the most up-to-date dentist could do no better.

Such workmanship, Doctor Saville pointed out, could not have been accomplished without the use of anesthetics. Even the most Spartan of Indians could not have stood the pain with sufficient fortitude to allow for the evenness and perfect proportions of the drilled cavities. Some of the teeth were found to be inlaid with gold and other precious metals. All the dental work was done solely for decoration.

In addition to the wild mushrooms, Doctor Saville said, the Indians also had such stupor-producing substances as peyote and marihuana.—Oral Hygiene.

MEMBERSHIP IN THE STATE DENTAL ASSOCIATION OFFERS YOU

1. PROTECTION AND ADVANCEMENT OF YOUR PROFESSION AND LIVELIHOOD.

2. THE JOURNAL—the official organ of the Florida State Dental Association. It presents papers read before the annual sessions, and district news pertaining to dentists.

3. RELIEF FUND—provides aid for needy practitioners.

4. LIABILITY INSURANCE—All Standard insurance companies demand membership in a recognized dental society before they will issue a policy to an applicant.

5. STATE DENTAL PRACTICE LAW—This offers protection to the public as each individual dentist.

6. LOAN OF DENTAL BOOKS—(Dr. A. M. Smith, Tampa, Librarian.)

7. THE ANNUAL STATE MEETING—Pensacola, Florida, in October will be equivalent to a post-graduate course by leading authorities.

The Perfect Adhesive For Dentures